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CHRONIC GASTRITIS AND DYSPEPSIA.

BY DR. STOKES.

We come now to consider chronic gastritis, an extremely interesting disease, whether we look upon it with reference to its importance, its frequency, or its Protean character. It is commonly called dyspepsia, and this term, loose and unlimited in its acceptation, often proves a stumbling block to the student in medicine. Dyspepsia, you know, means difficult digestion, a circumstance which may depend on many causes, but perhaps on none more frequently than upon chronic gastritis. In the great majority of dyspeptic cases, the exciting cause has been over-stimulation of the stomach, either from the constant excess in strong highly-seasoned meats, or indulging in the use of exciting liquors. Persons, who feed grossly and drink deeply, are generally the subjects of dyspepsia; by constantly stimulating the stomach they produce an inflammatory condition of that organ. Long-continued functional lesion will eventually produce more or less organic disease; and you will find, that in most cases of old dyspepsia there is more or less gastritis. But let us go farther, and inquire whether these views are borne out by the ordinary treatment of dyspeptic cases. When you open a book on the practice of physic, and turn to the article dyspepsia, one of the first things which strikes you is the vast number of cures for indigestion. The more incurable a disease is, and the less we know of its treatment, the more numerous is the list of remedies, and the more empirical is its treatment. Now the circumstance of having a great variety of "*cures*" for a disease, is a strong proof, either that there is no real remedy for it, or that its nature is very little understood. A patient afflicted with dyspepsia will generally run through a variety of treatment; he will be ordered bark by one practitioner, mercury by another, purgatives by a third—in fact, he will be subjected to every form of treatment. Now all this is proof positive that the disease is not sufficiently understood. What does pathology teach in such cases? In almost every instance where patients have died with symptoms of dyspepsia, pathological anatomy proves the stomach to be in a state of demonstrable disease. It appears, therefore, that, whether we look to the uncertainty and vacillations of treatment, or the results of anatomical examination, the case is still the same; and that where dyspepsia has been of considerable duration, the chance is that there is more or less of organic disease, and that, if we prescribe for dyspepsia neglecting this, we are very likely to do mischief. I do not wish you to believe that every case of dyspepsia is a case of gastritis. This opinion has brought disgrace on the school of Broussais. His

disciples went too far; for whether the gastric derangement depended on nervous irritation, or anæmia, or disease of the liver, or mental emotion, they prescribed leeches and water diet, and thus very often brought on the disease they sought to cure. We may have functional disease, independent of structural lesion in the stomach, as well as in any other organ; it is no unusual circumstance, and the practical physician meets with it every day. A great deal of confusion, however, arises from the similarity of the symptoms. I remember an accomplished friend of mine getting into disgrace with one of the members of a board of examiners on this subject. He was asked to tell the difference between the symptoms of chronic gastritis and dyspepsia, and in reply stated that he could not. For this he was nearly rejected, but I believe, on a candid review of the circumstances, you will agree with me, that he knew more of the matter than the learned professor. In ninety-nine cases out of a hundred of chronic gastritis there is no fever, scarcely any thirst, often no fixed local pain, and this leads persons away from any idea of the existence of an inflammatory condition of the stomach. What are the symptoms of a chronic gastritis? pain of occasional occurrence, flatulence, acidity, swelling of the stomach, fetid eructations, sensation of heat and weight about the epigastrium, and perhaps vomiting. Well, these are also the symptoms of dyspepsia, whether it be accompanied by inflammation or not. How, then, when called to a case of this kind, are you to determine the point? I must mention to you here, that it is often hard to do this with certainty. There are two circumstances, however, which you should always bear in mind, as they will afford you considerable assistance in coming to a correct diagnosis; *first, the length of time which the disease has lasted;* secondly, the result of the treatment which has been employed. You will find, where the disease is a chronic gastritis, that it has been of some duration, that it has come on in an insidious manner, and that it has been exasperated by the ordinary treatment for dyspepsia. Many persons think, that if you give a patient medicine, without regulating his diet or issuing a prohibition against full meals, you can cure him, and that, as he has no fever, and can go about his usual business, there is no necessity for antiphlogistic regimen. But as the disease goes on, he complains of pain in the stomach during the process of digestion, feels uneasy after dinner, there is an unpleasant degree of fulness about the epigastrium, he also experiences a variety of disagreeable symptoms, sometimes being annoyed with pain in the chest, sometimes he says he feels it in the region of the heart, and sometimes about the cartilages of the eighth and ninth ribs. These symptoms subside after the process of digestion is completed, but during its continuance they harass the patient. Very often relief is obtained by vomiting, and hence some persons are in the habit of throwing up their food for the purpose of relieving themselves, and consequently can have no benefit by it. In some cases digestion goes on until the food seems to reach a particular point, and then an acute feeling of pain is experienced. In these cases the gastritis is generally circumscribed, and is likely to terminate in circumscribed ulceration. Various fluids are rejected from the stomach, during the course of a gastritis; sometimes acid, sometimes alkaline, sometimes insipid and sweet, sometimes bitter and bilious. There is

generally a degree of fulness about the stomach, and the epigastrium is tender on pressure, but no decided tumor either of the pylorus, liver, or spleen, although the epigastrium presented that appearance of fulness and tension termed by the French "renitence." The bowels, too, are constipated, and this is a matter worthy of your attention, for it sometimes unfortunately happens that the practitioner, mistaking the gastritis for simple constipation, goes on prescribing purgative after purgative, until the patient gets incurable disease of the stomach. I know a case of a lady who gets one stool a week by taking eight drops of croton oil. Some years ago, she was in the enjoyment of excellent health; her bowels happened to get confined, and she was treated by a systematic practitioner with continued purgatives; her bowels are now completely torpid, except when they are subjected to this unnatural stimulus. There are thousands of persons treated in this way, because practitioners look to consequences and not to causes.

There is one remarkable difference between acute and chronic gastritis, which deserves your attentive consideration, as it exemplifies a law applicable to all viscera under similar circumstances; and this is, that the sympathetic irritations are not so frequent or so distinct in chronic inflammation as in the acute form, and hence, in a case of chronic gastritis, we almost never have fever, and the affections of the nervous, respiratory or circulating systems are by no means so well marked. It may even go on to actual disorganization of the stomach, and yet the patient will not complain of any particular symptom during its whole progress, which you could set down as depending exclusively on the sympathetic irritation of gastritis. Some of these cases, called dyspeptic phthisis by Dr. W. Philip, are most probably examples of the sympathetic irritation of the lungs from chronic gastritis. Another case, respecting which much error prevails, is what has been called hypochondriasis. Persons laboring under these affections are condemned to run the gauntlet of every mode of treatment, sometimes (and fortunately for themselves) they are sent to travel, sometimes they are treated with musk and antispasmodics, then with the mineral acids, then with purgatives and mercurials, and lastly with bark, nitrate of silver, and stimulants. They go about like spectres from one practitioner to another, trying remedy after remedy, alternately sanguine with hope or saddened by disappointment, until at last they die, and, to the astonishment of all the doctors, the only disease found, on dissection, is inflammation and thickening of the mucous surface of the stomach; a condition, which, under these circumstances, it was difficult to say whether it was the original disease, or produced by "*fair trials*" of a number of powerful agents. Hypochondriasis is not always gastritis; but it is now found, that in many cases it commences and terminates with disease in the upper portion of the digestive tube and the assisting viscera. This you must always bear in mind.

Chronic gastritis terminates in various ways. Sometimes the inflammation is limited to a particular spot of the stomach, and here we frequently discover circumscribed ulcerations. In very bad cases these ulcers go on perforating the various coats of the stomach, until at last the contents of that organ escape into the serous cavity of the abdomen, and the patient rapidly sinks under a fatal peritonitis. It does not follow,

however, that, in all cases of perforation, the contents of the stomach get into the peritoneum, causing death. Very often adhesions are formed, and the base of the ulcer is the serous covering of some other portion of the digestive system, or a false passage may be formed into the colon. One of the most common terminations of a chronic gastritis is, that the inflammation extends to other viscera; the patient gets disease of the liver, spleen, peritoneum, or lungs, and sinks under a complication of disorders. It was somewhat in this way that Napoleon died. He labored for a considerable time under chronic disease of the stomach, which seems to have been overlooked by his medical attendants, and this terminated in the extension of disease to various other organs.

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ON DELIRIUM TREMENS.

BY DR. STOKES.

A FEW words now with respect to the other complication—delirium tremens. You have all seen cases of delirium tremens, but you are not, perhaps, aware that it arises under two opposite classes of causes. In some cases, a patient who is in the habit of taking wine or spirituous liquors every day in considerable quantities, meets with an accident or gets an attack of fever. He is confined to bed, put on an antiphlogistic diet, and in place of wine or whiskey-punch gets whey and barley-water. An attack of delirium tremens comes on, and symptoms of high cerebral excitement appear. Another person, not in the habit of frequent intoxication, takes to what is called a fit of drinking, and is attacked with delirium tremens. In the first case the delirium arises from a want of the customary stimulus, in the second from excess. In each the cause of the disease is different; and consequently, with this view of the subject, it would be a manifest departure from sound practice to treat both cases in the same way. Yet, I believe, this error is frequently committed, even by persons whose authority is high in the medical world, and is part of a system not yet exploded,—*the system of prescribing for names and not for things.* The patient is treated for a disease which has been called delirium tremens, the present symptoms are only attended to, and the cause and origin of the affection are overlooked. What are the true principles of treatment?—In the first variety, where the delirium is produced by a want of the customary stimulus, there is no doubt that patients have been cured by the administration of the usual stimulants, by giving them wine, brandy, and opium. Indeed this seems to be the best mode of treating this form of the disease. But is it proper or admissible in the second variety, where the delirium is caused by an occasional excess in the use of ardent spirits?—Certainly not. Yet what do we find to be the ordinary practice in hospitals when a patient is admitted under such circumstances?—A man, who has been attacked by delirium tremens after a violent debauch, is ordered a quantity of porter, wine, brandy, and opium; and the worse he gets, the more is the quantity of stimulants increased. Now this practice seems to me as

ridiculous as the old principle of treating a case of hydrophobia with the hair of the dog that bit. Let us consider what the state of the case is. A large quantity of stimulant liquors has been taken into the stomach, the mucous surface of that organ is in a state of intense irritation, the brain and nervous system are in a highly excited condition from the absorption of alcohol, or in consequence of the excessive sympathetic stimulation to which they have been subjected. Are we to continue this stimulation?—I think not. What would be the obvious and natural result?—Increased gastric irritation, encephalis, or inflammation of the membranes of the brain. The supervention of inflammatory disease of the brain in delirium tremens is not understood by many practitioners, and they go on administering stimulant after stimulant, totally unconscious that they are bringing on decided cerebral disease. I have witnessed the dissections of a great many persons who died of delirium tremens, and one of the most common results of the dissection was, the discovery of unequivocal marks of inflammation in the brain and stomach. Broussais considers all such cases as merely examples of gastritis, and ridicules British practitioners for inventing "a new disease;" but in this he is certainly wrong, for there have been several cases in which no distinct marks of gastric inflammation could be discovered. In all cases, however, where the delirium supervenes on an excessive debauch, there is more or less of gastritis; and though it may occasionally happen, that a patient under such circumstances may recover under the stimulant treatment, yet I am convinced that the physician will very frequently do harm by adopting it.

This complication of delirium tremens with gastritis is also exceedingly curious in another point of view, as it illustrates how completely the local symptoms are placed in abeyance, and, as it were, lost during the prevalence of strong sympathetic irritation. The patient's belly will not be tender; the tongue may not be red; the symptoms present may be indicative of a mere cerebral affection, and yet intense gastric inflammation may be going on all the time, and all the appearances of cerebral disease be quickly removed by a treatment calculated to subdue a gastritis. Is this all theory? No; for we have practised on this principle with the most extraordinary success in the Meath Hospital. We have seen cases of violent outrageous delirium subside under the application of leeches to the epigastrium, and iced water without a single drop of laudanum. I beg of you, if you meet with any cases of delirium tremens under such circumstances, to make trial of this mode of treatment, and record its effects, for it is important that they should be more extensively known. I have seen the whole train of morbid phenomena, the delirium, the sleeplessness, the excessive nervous agitation, all vanish under the application of leeches to the epigastrium. In some cases, after the sleeplessness and delirium were removed by this practice, and the tremors alone remained, we have again applied leeches to the epigastrium, and succeeded in removing the tremors also. On the other hand, where a stimulant plan of treatment was employed, and the patients died, we have most commonly found inflammation in two places, in the stomach, or in the brain or its membranes. The rule, then, is this,—in a case of delirium tremens from the want of a customary stimulus, use the stimu-

lant and opiate treatment; but when it comes on after an occasional violent debauch, such remedies must be extremely improper. Adopt here everything calculated to remove gastric irritation. We have facts to show that most decided advantage may arise from the application of leeches, even where the symptoms of gastritis are absent.—*Ibid.*

EFFECTS OF IODINE.

BY DR. GRAVES, OF DUBLIN.

"If it be true," says Dr. Graves, "that mercury may be made to affect the mouth more rapidly by means of giving sulphate of quinine to the patient during or after its use, as has been asserted by Doctor Harty of Dublin, there must be some remarkable difference between the effects of sulphate of quinine and iodine on the animal economy, a difference well worth investigating, inasmuch as these remedies are usually considered very similar in their mode of action, and are often ordered indifferently in the treatment of chronic diseases, such as scrofula. As Dr. Kluge observes, the modifying powers iodine exerts on the action of mercury, opens a new field of inquiry in the treatment of the venereal disease, and renders it an object of great interest to discover to what species or stages of syphilis one or both of these remedies is adapted.

Doctor Kluge's experiments are of particular interest, when viewed in combination with the great encomiums recently bestowed in France and in London on the efficacy of iodine and deutiodide of mercury in the cure of syphilis and various other diseases. We have seen that two remedies, usually classed together as tonics, differ most materially in their effects, sulphate of quinine and iodine. The former stops the paroxysm of ague and induces salivation; the latter does not stop ague, and checks mercurial ptyalism. Again, when during a course of iodine, the patient becomes subject to pain in the stomach; this, as Lugol has shown, is best remedied by sulphate of quinine!

What are the therapeutical relations of another tonic, arsenic and iodine?—The former certainly exerts a powerful influence in controlling ague, and I have seen it produce salivation. Would iodine be useful in guarding against or mitigating its occasional bad effects?—If experience answered in the affirmative, no greater boon could be conferred on the practitioner, who would then be enabled to use long-continued arsenical courses in lepra, psoriasis, and various other diseases of the skin, without fear of producing unpleasant or dangerous effects on the constitution."

In this brief passage there is much to give us pause. Dr. Graves has founded some curious conjectures on more curious statements. Our business is chiefly with the latter.

Dr. Harty, of Dublin, would seem to have asserted, that sulphate of quinine, given before or after the exhibition of mercury, accelerates the affection of the mouth by the latter. That this is opposed to common observation is merely an obvious truism. The experience of all surgeons and physicians has shown them that measures of depletion always augment the influence of mercury. Bleed a man and keep him low, and

mark how soon salivation is effected. Reasoning would lead the reflecting practitioner to suppose that converse circumstances would produce the opposite effects. And facts appear to warrant the suggestions of experience and judgment. We suppose it will be granted that few situations afford more ample opportunities of watching the effects of mercury than the wards of a Lock Hospital. Observation in those wards does not confirm the ideas of Dr. Harty. If a patient is weak, he is ordered the sarsaparilla or the quinine, in order that he may *bear* mercury, and not be rapidly salivated by it. Again and again have we given quinine with this view and with the same result. We join issue with Dr. Harty. We maintain that, cæteris paribus, quinine tends to prevent and not to produce salivation.

Dr. Graves observes that iodine and quina are usually classed together as tonics. They may be *classed* together in the schools, but the brittle and unsubstantial junction is like that of Nebuchadnezzar's image, one part iron and the other clay. They may be riveted—they never can amalgamate.

The best mode of testing the real action of a remedy, is surely to push it to the point of producing injurious effects. Apply this test to iodine and quina. The patient who takes the former grows pale, emaciated, nervous—has flutterings at the epigastrium—a tendency to syncope—a tremulous and frequent pulse. He rallies under stimulants. Is this the action of a tonic? The man who is under the influence of quina displays very contrary phenomena. The tongue is probably loaded—the face is flushed—the head may ache, and fulness in it is experienced—the pulse is full—the vascular system is excited and replete.

In these two series of effects we perceive no resemblance nor any analogy. The obvious deduction from their observation is that, cæteris paribus, iodine debilitates and quina strengthens.

Perhaps Dr. Harty or others may urge that though iodine, pushed to a certain extent, occasions the results we have described, smaller and more guarded doses possess less exceptionable tonic properties. They may probably refer to the instance of opium, which, in moderate quantities, is said to be a stimulant, and a powerful sedative in larger. We cannot allow them the benefit of this analogy, nor the use of this conjecture. We have seen iodine employed extensively, but we never yet saw it act as a tonic. We have indeed seen patients received into a hospital, every circumstance altered in their favor, and iodine given in small doses. Such patients have gained flesh and acquired strength, but we could not avoid entertaining the suspicion that the results were vicious, the experiment deceptive. Even in those instances, the most favorable we have witnessed, the mineral was seldom continued long without the supervention of unpleasant symptoms. So soon as the beneficial influence of better or of regulated diet, of repose, and of appropriate attentions had worn off, the depressing action of the iodine was more and more apparent.

There is a fallacy attending the operation of remedies like iodine, mercury, &c. which deserves to be adverted to. If they tend to effect the removal of a disease which is wearing down the powers of the patient, they act pro tanto and pro tempore as tonics. This is not unfrequently

the case with mercury, which, under ordinary circumstances, undoubtedly displays no tonic properties. Nothing is more common than to see a person affected with secondary, or even neglected primary, symptoms, acquire strength and embonpoint so soon as mercury is properly administered.

Our readers may gather from these remarks that we do not consider iodine a tonic in the fair and general acceptation of the term; nay, we deem the notion pregnant with danger, and lift our voice most earnestly against it. The inexperienced practitioner should know that in using iodine he wields a potent and a deadly weapon. If *he* employs it as he would a tonic, he will probably find occasion to lament his error.

There are two particular statements to which we shall allude before we close these imperfect observations. The first relates to the success derived from iodine in cases of secondary symptoms. Dr. G. observes that great encomiums have recently been bestowed on it, in reference to these affections, by surgeons in London and in France. Of this we are aware, and we had the pleasure of conversing with some who have advocated the remedy in public and in private. We have given it in several cases of node, and in some of cachectic ulceration of the skin and of the throat. We have also seen it frequently exhibited by others. Yet such has been our evil fortune, that we never *saw* it prove of service. It was lately prescribed for a patient with node, in the Lock Hospital. The man took five minims three times daily, and had a meat diet in addition. After the medicine had been continued for ten days or a fortnight, the patient became so debilitated and depressed, that the iodine was instantly desisted from, and brandy and ammonia substituted for it. In many instances it has seemed to do neither good nor harm; but in those the dose was small, and the patients had beer and good diet, which might probably counteract any mischievous effects. On the whole, we feel no confidence in iodine as a remedy in syphilitic symptoms.

The second statement relates to the administration of iodine in cases of mercurial salivation.

Now this is observed under three sets of circumstances. In one, the patient is in tolerable health, and salivation results from a very inconsiderable quantity of mercury. It is said to depend, in such a case, on peculiar individual idiosyncrasy, and possibly the notion is correct.

In a second instance, salivation is the consequence of mercury, actively pushed for an acute inflammatory malady, as hepatitis or phrenitis.

In a third, salivation is induced by a moderate quantity of mercury, given as a course for syphilis, or for any other disease. In this case, the patient is almost always weak, or his constitutional powers are impaired, or he is kept too low, or his room is warm, or some analogous cause exists. We had under our charge a case which illustrates this position. A female who had drunk great quantities of gin was affected with tubercular eruption, after a primary sore. We put her on the pilula hydrargyri, five grains twice daily, and conjoined with it a diet of animal food. In a very few days she became salivated, and had some symptoms of the mercurial erythismus. We discontinued the mercury of course; but as soon as we thought she could again support it we resumed its exhibition, adding porter to the diet. Again and again the same set of

symptoms occurred. It struck us that the stimulus to which the patient had been previously habituated might enable her to bear the debilitating action of the mercury. We directed her to take a glass or two of gin during the day, and immediately a change for the better was observed, and the mercury was taken without inconvenience.

Thus, then, we remark that salivation may result from a small amount of mercury and peculiar idiosyncrasy—from mercury rapidly thrown in for acute inflammation—and from ordinary doses in debilitated patients.

Supposing iodine to possess the power of checking salivation, we apprehend that it would be applicable only to cases of the first description. In the second class, salivation is probably salutary, and, at all events, its speedy arrest would be dangerous, if not destructive. In the third class, salivation is the consequence of weakness and exhaustion, and we need not repeat our reasons for believing that iodine is not the remedy for *those* conditions. Fresh air, good diet, beer, and stimulants, are infinitely more adapted to them.

If iodine has really the virtue ascribed to it, that virtue may be safely and judiciously exerted in instances of salivation dependent upon idiosyncrasy. The cautious reader may hesitate in admitting even this as proved. We can only refer to the assertions of Professor Helmenstreitt, and the corroboration they receive from Dr. Graves. We are irresistibly inclined to acknowledge a degree of doubt.—*Med.-Chir. Review.*

CHOLERA-PHOBIA AND CHOLERA ECCLESIASTES.

THE following amusing quotation from a work recently published, may not prove unentertaining even to medical readers, though its chief point is ecclesiastical.

"Tourists are the most fortunate people in the world. They seldom fail to find some remarkable incident or occurrence, just happening when they visit a place, as if for the very purpose of being put on record by their fertile pens. It was my good or evil star to be in Inverness when an event occurred there, unprecedented in the annals of that capital, or even of the Highlands themselves. On the very day that I took up my quarters in the Caledonian Hotel, another, and I have the vanity to think, a much less welcome visiter, arrived in the town—the INDIAN CHOLERA! Having been formerly on terms of intimacy rather than of friendship with this unhallowed stranger in his native country, I was apprehensive, at first, that I might be suspected of introducing him clandestinely, and in defiance of the quarantine laws; but my fears were soon dispelled, by learning that the blame was universally cast on the guard of a mail-coach, who had died of cholera, or rather of cold winds and hot whiskey, at some place between Aberdeen and Inverness. I was therefore at liberty to go about, and observe the effects of the panic on the inhabitants at large, without suspicion of being an infected personage myself. Had not the poor guard been dead, and consequently irresponsible, I think my conscience would have compelled me to take the blame on myself, as I was far more likely to have carried the dire contagion to the capital of the

Highlands, than the man who blew the horn on the top of the stage-coach, over the blasted heath of the Weird Sisters.

"I attended at three churches, during that day, but shall only notice the doctrines propounded in one of them, where, by all accounts, the most learned, pious, and popular pastor of Inverness presided. The text (if I recollect right) was from Amos :—'Seek ye the true God, and ye shall not die.' A more appropriate and exhilarating portion of Scripture could hardly have been selected, because it pointed out to the sinner the means of escaping the cholera, and confirmed the righteous in his security against the evil.

"According to the preacher, the Indian cholera was wholly a dispensation of the Almighty, on a sinful people. He maintained this proposition by an appeal to facts. It had been ten times more destructive in other countries than in Great Britain—because the people of those countries were a wicked and ungodly people! Unhappily for his arguments, it had been much more fatal in Scotland than in England; though the Scotch are universally allowed to know the 'true God' better than their Southron neighbors. Not the slightest allusion was made to the possibility of the epidemic arising from natural causes. No. It was a direct visitation of God, on nations and on individuals, for their sins! This is a serious doctrine! Let us examine it a little more closely. Did the pestilence fall exclusively on the wicked? It fell chiefly on the wicked —provided always that they were very *poor*. The rich man might murder, rob, and ruin all around him—he was perfectly safe from cholera. The poor man might be the most virtuous, religious, industrious of his race—but poverty was the sin that rendered him the sure victim of the epidemic! Such is the species of justice with which MAN has dared to invest his CREATOR! If cholera was sent by a supernatural power on earth, as a scourge, and independent of natural causes—that power would seem to have been EVIL, rather than GOOD; for imagination can hardly conceive a visitation more partial and unjust, than the pestilence in question.*

"In the very first year of the pestilence (1832) consumption carried to the grave double the number of those who fell victims to the epidemic, in this country. But cholera came from God, while consumption comes from climate! This doctrine is scarcely less impious than preposterous. More than one half of the towns, villages, and hamlets of England, entirely, or almost entirely, escaped the divine visitation—*ergo*, there were no sins to be punished in these favored spots. Of the two universities, Oxford [the poor of] was scourged, while Cambridge remained free—*ergo*, the poor inhabitants of Oxford were wicked, while the fat professors and the virtuous youths of both seminaries were the chosen people; Glasgow, where stands the colossal statue of John

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* "There is nothing new under the sun. When the plague broke out in the Grecian camp, before Troy, the priests, at once, declared that it was sent by one of their (false) gods. When the cholera invaded Scotland, it was declared by holy men to be a destroying angel from the 'true God.' On the banks of the Scamander, sacrifices and ceremonies were employed to stay the plague :—on the shores of the Forth, gunpowder was detonated, old rags were burnt, and chlorides were sprinkled—to stop the cholera! In one particular, however, the ancient and the modern soothsayers widely differed. The Grecians had a GRAIN, after the ceremony of exorcism :—the Caledonians, a PAIN. The plague ceased immediately on the plains of Troy ;—the cholera was invariably aggravated by fasts, fumigations, and segregations, in the valleys of the north!"

Knox, was desolated by cholera; but Rome, where *the lady* in scarlet is considered to hold her court, has hitherto remained free from the pestilence! Some thousands of infants at the breast perished—FOR THEIR SINS!—Almost the whole of the profligate, irreligious, debauched, cruel, uncharitable, *but wealthy* population were shielded, by the arm of the Almighty, from the destroying angel that swept off the poor, and left their widows and orphans to mourn in misery and want! Such is the dispensation of Providence, as propounded ex cathedra, and very generally believed, especially in North Britain! That *vice*, provided it was conjoined with *want*, was a frequent victim to the pestilence, cannot be denied. But the observation applies to all diseases as well as to cholera. Let the same vice be well fed and clothed, and Providence will send no cholera to such quarters.

"To return to Inverness. The eloquence, the fervor, and, I have no doubt, the conscientious zeal of the preacher, had all the effects which he could desire, on the general mass of the audience. That sermon, I do think, sent some to their graves by cholera, who would otherwise have escaped! The ghastly features, the quivering lip, the up-turned eye, the heaving bosom—all showed how effectually the denunciations from the pulpit were predisposing to, and aiding the epidemic influence, which was spreading over the land. Inverness suffered severely—and so did Scotland generally. No wonder. Terror was the prime auxiliary of the natural causes which occasioned cholera; and the injudicious orations from some of the pulpits gave an additional power of destructiveness to the epidemic."*

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DEATHS FROM COLD WATER.

DURING the last two weeks we have been experiencing as warm weather as is ever known to us in this climate. The highest range of the thermometer has been very variously stated, but may be fairly estimated at 98° in the shade. The usual accidents which follow this intense temperature were experienced to a considerable extent. On Wednesday, the 8th instant, the number of sudden deaths in New York amounted to 30. In several of these cases the cause assigned is simply the intensity of the temperature. Thus it is said that a negro fell down and expired from the bursting of a bloodvessel, occasioned, as was supposed, by heat. A man employed in tiling was suddenly sun-struck, and immediately expired. A woman employed as cook, complained of weakness, fainted, and expired in a few moments. An Irish laborer employed in digging, was overcome by the heat about noon, and expired at 4 o'clock. In another class of cases, the sudden exposure to heat on coming out of a cool atmosphere is stated as the cause. Thus a man employed in digging a cellar, on com-

* The Recess; or, Autumnal Relaxation in the Highlands and Lowlands, &c.

ing out of it, dropped down and soon after expired. Another had been digging gravel in a cellar, a very cool place, and suddenly came upon the sidewalk, where the sun was shining and the temperature at 125°. He instantly fell, and passed into a state resembling collapse from cholera. He died at the end of two hours, having suffered severe pain. A third class, from the deaths from cold water, whether applied externally or taken into the stomach. Thus a young man fell down in fits and was carried off on a litter without prospect of recovery. He had been bathing in cold water when heated, and otherwise imprudent. A man employed at work on a building, bathed at a pump several times; at length fell senseless, and died within an hour. Lastly, the cases in which cold water is said to have been drank to excess, form about one-half of the whole number. Among them it is related that a man returned from work at 6, sent for some cool water, drank freely, and expired at 8. A man who sold charcoal, drank freely of cold water, and expired in a few moments. A laborer drank from the pump copiously of cold water, and expired in a few moments. A laborer at the new University was carried home, insensible from drinking cold water, and died in a short time. The driver of a dirt cart died early in the morning, from drinking freely at a pump.

We have quoted and classified the above statements, not as being entitled to any unusual credit for accuracy, which, considering the manner in which they must have been collected, was not to be anticipated. It is something that each particular case is accompanied with some circumstances which may serve to give it an individual character. Had all been clubbed together, it is probable that all would have been laid to the account of that agent which was supposed to produce the majority. As it is, each case as stated seems credible in itself, and although circumstances belonging to some have probably been in some instances transferred to others, it may be believed that the obvious causes of death in the several cases had nearly the same proportion which is assigned them. Taking the facts then as stated, and comparing them with what happens under our own eyes, it would seem that the general cause of sudden death in hot weather, is exhaustion by the heat itself and by labor in the open air, exposed to the full influence of the sun's rays. We find, in fact, that almost all the deaths occur in the class of laborers either while they are actually at work, or at the close of the day when they may be supposed to be exhausted by toil. In a large part of the cases this cause alone appears to have been the operative one, and no other is hinted at. The agency of cold water, then, is by no means necessary to produce death under these circumstances. It is also certain that vast numbers must drink cold water, and that very largely, who are not thus affected, and who, in fact, escape with impunity. Thus, most boys will, after severe and heating exercise, drink cold water if they are not restrained by advice, and that in large draughts, and it is probable that at such times they are more excited by, and suffer more from the sense of heat, than laborers in pursuing their steady and regular, though severe work. As respects the external application of cold to the heated surface; this, too, is made daily by immense numbers with impunity, and therefore cannot in itself be regarded as the leading cause of danger. The drinking of cold water, however, is too frequent a precursor of the fatal event, to allow us to disbelieve that it has some agency in producing it. In these cases, is it the temperature at which it is drank, the total amount swallowed during the day, or the quantity taken at one time, which has most influence? The

importance of the temperature is, we think, apt to be overrated. Fluids are drank colder by persons of a higher class, who can easily procure ice, than by laborers, yet death or even sickness rarely results from this cause. The whole amount taken during the day, is, on the other hand, a predisposing cause which is too apt to be overlooked. There can be no question that frequently repeated draughts of water, to the amount of half a pint at a time, will co-operate with heat in producing debility. Every one's experience can convince him of this fact, and it is one which deserves to be kept in view, as the temptation to drink often is one much more difficult to resist, than that to take an enormous quantity at one time. That enormous quantities are drank, and that some of these unfortunate individuals fall victims to this indulgence, there can be no question. What quantity has been taken, however, it is almost impossible to ascertain. It is not often thrown off by vomiting, and from the mode in which it is taken, the reports of witnesses and of the patient, when able to give any, are very vague. In what way death happens from this cause, is also rather difficult to say. The total and sudden check of the sensible perspiration, to which it is popularly attributed, does not seem a satisfactory reason, because an equally sudden check takes place from external application of water, which is borne with impunity in most cases. Water has been drank on a wager till apoplexy was induced. In this case the loss of tone probably occurred first in the stomach from distension, and the effect on the brain was consecutive. Something like this would seem to happen in a part at least of the cases in question; and on this supposition, death would be the more likely, as the power of the stomach was lessened by previous general exhaustion, by the repeated ingestion of smaller quantities of the fluid, or by intemperance; and such is found to be the general fact. Testimony touching intemperance as a predisposing cause, is, indeed, in these times to be received with some diffidence; but the observations we have individually been enabled to make, and those reported to us by persons in whose accuracy we have confidence, lead to the conclusion that death, whether from heat or from the use of water, generally occurs in intemperate persons; and it too often appears that the morbid thirst which led to the excess, was itself the effect of the large amount of alcohol taken during the same day, in the vain hope of obtaining from it an increased power of resistance against the combined influence of heat and fatigue.

ORIGIN OF THE COWPOX.

Our readers well know that some doubt has long hung over the question of the true source of vaccinia. All agree that it came to the human subject directly from the cow. The question is, whence came it to the cow. One theory is, that this invaluable animal derived it from the horse by inoculation of the virus of a disease not uncommon among horses, called *the grease*. This was the doctrine of Dr. Jenner, to all whose opinions respecting vaccination we are apt to yield a too implicit belief; for at the same time that we cheerfully accord to him the merit of a great benefactor of his race—the greatest, probably, so far as the preservation of life is concerned, that ever lived—we count it weakness to allow his great merits to blind us to the fact, that all his *theories* respecting the cowpox are not of necessity infallible. We would guard the reader, therefore, against being too much biased by the authority of Jenner, in his researches respecting the true origin of this wonderful prophylactic.

That this theory of Dr. Jenner is among the few of his sentiments on the subject of the vaccine disease, that subsequent investigations have tended to upturn, is rendered more and more probable by every series of experiments that has of late been instituted as a test of its correctness. To the tests of this description already on medical record, and familiar to most medical readers, another has been recently added by an eminent French physiologist, M. Fiard. In his report to the French Academy, we find that he inoculated four cows, quite thoroughly, with the virus of the *grease*, but in none of them did any disease manifest itself, as the sequence of such inoculation. This result corresponds precisely with that of numerous similar trials made by the vaccine boards; and it seems to us that the theory should now be abandoned, since the only ground for error in the conclusion is—the bare possibility that the particular animals inoculated might have had the disease before, or were otherwise constitutionally indisposed to it—a state of things that can hardly be supposed to have existed in all the experiments that have been instituted the last twenty years.

The next theory is, that the cow derived the disease from the human subject, by inoculation with the virus of smallpox,—that the cowpox is the same disease as the smallpox, only modified by passing through the phlegmatic constitution of the cow. M. Fiard has also experimented on this subject, by inoculating eleven cows with variolous matter, but without inducing disease in any. In this result, the researches of our French physiologist correspond with those of most former investigations. Most, if not all attempts to induce disease in the cow by variolous inoculation, will be found, we apprehend, on a strict examination, to have failed. Some have thought or imagined their trials successful; but in other hands the same experiments have invariably failed to induce disease. As the sources of error in this case are the same as in the first, we must regard them as too slight to prevent us from abandoning this theory also, as not having withstood the text of calm experiment.

The remaining doctrine is, that the vaccine is a disease idiopathic with cows, as the rot is with sheep. And we know of no reasoning and no experiment, hitherto, that can invalidate this belief. It surely rests, at the present day, as entitled to general confidence. The evidence of its correctness is indeed mostly negative, but not entirely so. The fact that the disease may be communicated from man to the cow by the inoculation of vaccine virus, may be regarded as strongly confirming this last opinion; and were we to undertake a full examination of the subject, instead of a brief statement of general results, we might adduce other facts and observations that would lead to the same conclusion.

Ointment of Veratria in Dropsy, Tic Douloureux, and Rheumatism.—By A. Turnbull. It is now upwards of four years since I was led from certain circumstances to apply veratria externally, in the form of an ointment, and the instance in which it was employed was one of the most formidable cases of general dropsy ever observed. It had resisted every medicine hitherto deemed of service in that disease; and it was not until death appeared inevitable, that the veratria was had recourse to. An ointment consisting of four grains of the alcaloid, reduced to fine powder, and an ounce of hog's lard, was directed to be rubbed, night and morning, over the abdomen. In about fourteen days the patient was com-

pletely cured, and has since continued in perfect health. A particular account of this case will be given in another form. Since the date of the first experiment I have made many others: and always with equal success. Lately, the practice has been extended to the treatment of diseases of a very opposite nature, with the greatest benefit to the patients. In tic douloureux and rheumatism, one or two applications generally suffice to remove the paroxysm, and should the symptoms return, they may again be removed with equal ease. A similar treatment is of the most material service in various affections of the heart and circulating system. For these and numerous other diseases the ointment is made with from fifteen to twenty grains of veratria to an ounce of lard, of which a piece, the size of a nut, is rubbed night and morning, from twelve to fifteen minutes each time (as nearly as possible), over the seat of the disease, until relief from the urgent symptoms is experienced. There are certain affections, particularly encysted dropsies, in which the ointment requires to be used for a considerable length of time before a marked change takes place; but as the various conditions to be observed in such cases, along with the collateral treatment to be employed, would occupy more space than it is intended at present to devote to the subject, the inquirer is referred to the publication itself for all necessary information.—*London Lancet.*

Pleuritic Effusion in both sides of the Chest successively—double Paracentesis Thoracis—Recovery.—A young Arab had suffered for some time from pain in the cavity of the chest, with impediment in breathing, and sense of suffocation. I examined the chest. The left side was much enlarged, the ribs separated, and the muscles distended in the intercostal spaces. I perceived that there was fluid within, which caused this projection; I therefore made a puncture; when there issued several pints of serous pus, with albuminous flocculi. A small mesh was then introduced between the lips of the wound, to keep it pervious. The opening was thus maintained for several days, and the cure appeared complete, without anything else having been done. In a month after, the right side (which had appeared to be sound when the operation was performed) had acquired a size nearly equal to that of the left side before it was punctured. Paracentesis of the right side was now performed, when a quantity of purulent matter, of the same nature as before, escaped. The respiration became free in a few days; the sense of suffocation disappeared, and he got quite well.—Clot Bey, *in the Gaz. des Hôpitaux.*

Abscess, caused by a Canine Tooth lodged in the Maxillary Sinus, cured by its removal.—A young Mussulman of Alexandria had a considerable swelling of the right cheek, the nose being pushed to the other side. Within the lip was a fistulous opening, as large as a quill, and occupying the canine fossa. A sound introduced into the sinus through this opening enabled me to ascertain that there was no fungus. I then detached a portion of the enlarged sinus from below, by means of a gouge and mallet. The finger was thus admitted into the cavity, where I found a tooth, which had escaped from its alveolar socket, and become lodged in the sinus, where it acted as a foreign body. I immediately extracted it. In twenty days the parts were healed, and the deformity gone.—*Ibid.*

NOTICE.

In this and the next Number of the Journal, many of our subscribers will find their bills enclosed. We regret being compelled again to invite attention to this subject. The great inconvenience to which we are subjected, however, by being deprived of the large amount due from subscribers, much of which ought long since to have been paid in, induces us respectfully but urgently to request each reader of the Journal, who is in arrears, to transmit immediately, to us or our agents, the amount of his bill. It may be forwarded by mail in every instance where no private conveyance readily offers. When sent from the Southern or Western States, it is necessary that U. S. Bank bills should be made use of as far as practicable.

The following gentlemen are authorized to receive payments for the Medical Journal:—L. Howe, Esq. P. M. Jaffrey, N. H.; I. Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, Providence, R. I.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Samuel Freeman, Esq. P. M. Williamstown, N. Y.; Dr. W. G. Dickinson, Franklin, Tenn; Dr. W. A. Gillespie, River Bank P. O. Va.; Mr. L. Dwelle, Augusta, Ga.; Mr. J. Tardif, Quebec; Mess. Hedge & Lyman, Montreal; Mr. L. E. Van Buskirk, Halifax, N. S.

Whole number of deaths in Boston for the week ending July 19, 28. Males, 13—Females, 9.

Of hooping cough, 2—teething, 3—intemperance, 2—cancer, 1—consumption, 4—pleurisy fever, 1—venereal, 1—erysipelas, 1—diarrhœa, 1—drowned, 1—fits, 1—inflammation of the bladder, 1—infantile, 1. Stillborn, 1.

ADVERTISEMENTS.

MEDICAL SCHOOL IN BOSTON.

The Medical Faculty of Harvard University announce to the public, that some important changes have been made during this year, in regard to the term of Lectures in that Institution, and the conditions of Medical graduation; by which the necessary expense to students is diminished, while the opportunities of instruction are at the same time increased.

By a recent vote of the Corporation and Overseers, two courses of Lectures are now required for a Medical degree, one of which at least must be attended in this University, and the other may be attended at any respectable incorporated Medical School, in which the same branches are taught.

The Lectures will begin on the first Wednesday in November, and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting-room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

A new Course of Lectures on the Principles of Surgery and Clinical Surgery has been established, and will go into operation this year. The addition of expense arising from this Course, is considered as more than counterbalanced to non-resident students, by the reduction of the fee for the Course on Anatomy, and by the diminished term of necessary residence.

By an additional act of the Legislature of Massachusetts, passed during their late session, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science will be legally provided at a small expense.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees.
Anatomy, and the Operations of Surgery,	by	John C. Warren, M.D.	$15.
Chemistry,	"	John W. Webster, M.D.	15.
Midwifery and Medical Jurisprudence,	"	Walter Channing, M.D.	10.
Materia Medica,	"	Jacob Bigelow, M.D.	10.
Principles of Surgery and Clinical Surgery,	"	George Hayward, M.D.	10.
Theory and Practice of Physic, and Clinical Medicine,	"	James Jackson, M.D. & John Ware, M.D.	15.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, May, 1834. July 24. eJwtN1. WALTER CHANNING, Dean.

SURGICAL INSTRUMENTS.

An assortment of Surgical Instruments for sale at No. 35 Washington Street, five doors south of Cornhill, by A. P. RICHARDSON.

Surgical Instruments made and repaired as above. Orders forwarded will meet with punctual attention. Feb 19 ep

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